

**FEC  
FORM 3X****REPORT OF RECEIPTS  
AND DISBURSEMENTS**  
For Other Than An Authorized Committee

Office Use Only

1. NAME OF  
COMMITTEE (in full)**USE FEC MAILING LABEL  
OR TYPE OR PRINT**Example: If typing, type  
over the lines

FAA Managers Association Inc. PAC

ADDRESS (number and street)

888 16th Street NW

Suite 530

Check if different  
than previously  
reported. (ACC)

Washington

DC

20006

2. **FEC IDENTIFICATION NUMBER**

CITY

STATE

ZIP CODE

C00366070

3. IS THIS  
REPORTNEW  
(N)**OR**AMENDED  
(A)4. **TYPE OF REPORT**

(Choose One)

(a) Quarterly Reports:

April 15  
Quarterly Report(Q1)July 15  
Quarterly Report(Q2)October 15  
Quarterly Report(Q3)January 31  
Quarterly Report(YE)July 31 Mid-Year  
Report(Non-election  
Year Only) (MY)Termination Report  
(TER)(b) Monthly  
Report  
Due On:

Feb 20 (M2)



May 20 (M5)



Aug 20 (M8)

Nov 20 (M11)  
(Non-Election  
Year Only)

Mar 20 (M3)



Jun 20 (M6)



Sep 20 (M9)

Dec 20 (M12)  
(Non-Election  
Year Only)

Apr 20 (M4)



Jul 20 (M7)



Oct 20 (M10)



Jan 31 (YE)

(c) 12-Day  
**PRE-Election**  
Report for the:

Primary (12P)



General (12G)



Runoff (12R)



Convention (12C)



Special (12G)

Election on

in the  
State of(d) 30-Day  
**Post -Election**  
Report for the:

General (30G)



Runoff (30R)



Special (30S)

Election on

in the  
State of

5. Covering Period

01

01

2006

through

03

31

2006

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

Mr. Louis H Dupart

Signature of Treasurer

Electronically Filed by Mr. Louis H Dupart

Date

07

14

2008

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

Office  
Use  
Only**FEC FORM 3X**  
(Rev. 12/2004)

# SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name  
FAA Managers Association Inc. PAC

Report Covering the Period:

From:

M	M	D	D	Y	Y	Y	Y
0	1	0	1	2	0	0	6

To:

M	M	D	D	Y	Y	Y	Y
0	3	3	1	2	0	0	6

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 <span>2006</span>		74409.44
(b) Cash on Hand at Beginning of Reporting Period .....	74409.44	
(c) Total Receipts (from Line 19) .....	26097.77	26097.77
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	100507.21	100507.21
7. Total Disbursements (from Line 31) .....	15702.00	15702.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	84805.21	84805.21
9. Debts and Obligations owed <b>TO</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations owed <b>BY</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	

☒ This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

## For further information contact:

Federal Election Commission  
999 E street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

# **DETAILED SUMMARY PAGE OF RECEIPTS**

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

FAA Managers Association Inc. PAC

Report Covering the Period:

From:

M M  
0 1D D  
0 1Y Y Y Y  
2 0 0 6

To:

M M  
0 3D D  
3 1Y Y Y Y  
2 0 0 6

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees	2030.00	2030.00
(i) Itemized (use Schedule A) .....		
(ii) Unitemized .....	23819.00	23819.00
(iii) TOTAL (add Lines 11(a)(i) and (ii) ..... ➡	25849.00	25849.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b) and (c)) (Carry Totals to Line 33, page 5) ..... ➡	25849.00	25849.00
12. Transfers From Affiliated/Other Party Committees .....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received .....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) .....	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees .....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.) .....	248.77	248.77
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3) .....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) .....	26097.77	26097.77
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	26097.77	26097.77

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)	0.00	0.00
(i) Federal Share.....		
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	202.00	202.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ➡	202.00	202.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	15500.00	15500.00
24. Independent Expenditure (use Schedule E) .....	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) .....	0.00	0.00
29. Other Disbursements.....	0.00	0.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share .....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	15702.00	15702.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	15702.00	15702.00

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3) .....	25849.00	25849.00
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	25849.00	25849.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	202.00	202.00
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	202.00	202.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 6 / 12

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

FAA Managers Association Inc. PAC

**A.**

Full Name (Last, First, Middle Initial)

James Coschignano, Jr.

Mailing Address 154 Old Country Road

City

Melville

State

NY

Zip Code

11747

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
FAA Managers Association

Occupation  
Supervisor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 3 1 / 2 0 0 6

Transaction ID: SA11AI.6111

Amount of Each Receipt this Period

350.00

Biweekly payroll deduction

**B.**

Full Name (Last, First, Middle Initial)

Donald D Fedorowicz

Mailing Address 915 Welch Ave.

City

Berthoud

State

CO

Zip Code

80513

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
FAA Managers Association

Occupation  
Supervisor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 3 1 / 2 0 0 6

Transaction ID: SA11AI.6148

Amount of Each Receipt this Period

210.00

Biweekly payroll deduction

**C.**

Full Name (Last, First, Middle Initial)

Mark A Forgays

Mailing Address 3480 Raben Way

City

Cameron Park

State

CA

Zip Code

95682

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
FAA Managers Association

Occupation  
Supervisor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 3 1 / 2 0 0 6

Transaction ID: SA11AI.6155

Amount of Each Receipt this Period

350.00

Biweekly payroll deduction

**SUBTOTAL** of Receipts This Page (optional) .....

910.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 7 / 12

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

FAA Managers Association Inc. PAC

**A.**

Full Name (Last, First, Middle Initial)

Robert P Hildebidle

Mailing Address 237 NW 89th Ave.

City

Coral Springs

State

FL

Zip Code

33071

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
FAA Managers AssociationOccupation  
Supervisor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3	/	3	1	/	2	0	0	6

Transaction ID: SA11AI.6205

Amount of Each Receipt this Period

280.00

Biweekly payroll deduction

**B.**

Full Name (Last, First, Middle Initial)

Ralph D Walters

Mailing Address 3500 Cottonwood Circle

City

Longmont

State

CO

Zip Code

80504

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
FAAMAOccupation  
Supervisor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3	/	3	1	/	2	0	0	6

Transaction ID: SA11AI.6433

Amount of Each Receipt this Period

280.00

Biweekly payroll deduction

**C.**

Full Name (Last, First, Middle Initial)

Terri Lynn Waterman

Mailing Address 8025 NW 124th St

City

Oklahoma City

State

OK

Zip Code

73142

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
FAAMAOccupation  
Supervisor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3	/	3	1	/	2	0	0	6

Transaction ID: SA11AI.6437

Amount of Each Receipt this Period

350.00

Biweekly payroll deduction

SUBTOTAL of Receipts This Page (optional) .....

910.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 8 / 12

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

FAA Managers Association Inc. PAC

**A.**

Full Name (Last, First, Middle Initial)

Robert P Wheeler

Mailing Address 1511 Highland Lakes Dr.

City

Keller

State

TX

Zip Code

76248

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
FAAMA

Occupation  
Supervisor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 3 1 / 2 0 0 6

Transaction ID: SA11AI.6444

Amount of Each Receipt this Period

210.00

Biweekly payroll deduction

**SUBTOTAL** of Receipts This Page (optional) .....

210.00

**TOTAL** This Period (last page this line number only) .....

2030.00



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 9 / 12

(check only one)

☐ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☒ 17

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NAME OF COMMITTEE (In Full)

FAA Managers Association Inc. PAC

**A.**

Full Name (Last, First, Middle Initial)

Family Horizons Credit Union

Mailing Address 6665 E. 21st Street

City

Indianapolis

State

IN

Zip Code

46219

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

248.77

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 3 1 / 2 0 0 6

Transaction ID: SA17.15169

Amount of Each Receipt this Period

248.77

Interest Income

**SUBTOTAL** of Receipts This Page (optional) .....

248.77

**TOTAL** This Period (last page this line number only) .....

248.77

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 10 / 12

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

FAA Managers Association Inc. PAC

**A.** Full Name (Last, First, Middle Initial)  
Electronic Federal Tax Payment System

Mailing Address PO Box 173788

City State Zip Code  
Denver CO 80217

Purpose of Disbursement  
Federal Tax Payment

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21B.6471

Date of Disbursement

/   /

Amount of Each Disbursement this Period

202.00

**SUBTOTAL** of Disbursements This Page (optional) .....

202.00

**TOTAL** This Period (last page this line number only) .....

202.00

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 11 / 12

☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)  
FAA Managers Association Inc. PAC

<b>A.</b> Full Name (Last, First, Middle Initial) FRED MORGAN FOR CONGRESS	<b>Transaction ID:</b> SB23.15165 <b>Date of Disbursement</b>
Mailing Address PO Box 14510	<div> <div>M M / D D / Y Y Y Y</div> <div>0 2 / 1 9 / 2 0 0 6</div> </div>
City Oklahoma City State OK Zip Code 73113	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement	<div>5000.00</div>
Candidate Name FRED MORGAN	<div>Category/Type</div>
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OK District: 05	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>B.</b> Full Name (Last, First, Middle Initial) MIKE DEWINE FOR US SENATE	<b>Transaction ID:</b> SB23.15163 <b>Date of Disbursement</b>
Mailing Address PO BOX 340188	<div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 2 9 / 2 0 0 6</div> </div>
City COLUMBUS State OH Zip Code 43234	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement	<div>2500.00</div>
Candidate Name Mike DeWine	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>C.</b> Full Name (Last, First, Middle Initial) MIKE DEWINE FOR US SENATE	<b>Transaction ID:</b> SB23.15164 <b>Date of Disbursement</b>
Mailing Address PO BOX 340188	<div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 2 9 / 2 0 0 6</div> </div>
City COLUMBUS State OH Zip Code 43234	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement	<div>500.00</div>
Candidate Name Mike DeWine	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

**SUBTOTAL** of Disbursements This Page (optional) .....

8000.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 12 / 12

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
FAA Managers Association Inc. PAC

**A.**

Full Name (Last, First, Middle Initial)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

Mailing Address 320 FIRST STREET

City  
WASHINGTON

State  
DC

Zip Code  
20003

Purpose of Disbursement

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB23.6467

Date of Disbursement

/   /

Amount of Each Disbursement this Period

2500.00

**B.**

Full Name (Last, First, Middle Initial)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

Mailing Address 320 FIRST STREET

City  
WASHINGTON

State  
DC

Zip Code  
20003

Purpose of Disbursement

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB23.6470

Date of Disbursement

/   /

Amount of Each Disbursement this Period

5000.00

**SUBTOTAL** of Disbursements This Page (optional) .....

7500.00

**TOTAL** This Period (last page this line number only) .....

15500.00